Bridging the Gap Between Self Medication and Access to Healthcare in Ghana

Research Thesis

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Abstract

This research seeks to recognize the barriers that hinder the access of Ghanaians in the Greater Accra and Ashanti regions from access to Western medical care, and the routes Ghanaians use to cure any ailments. The inaccessibility of licensed medical attention and the unrestricted availability of drugs on the market have prevented people from attending hospitals, leading Ghanaian citizens to purchase Western and indigenous medicine that are available and capable of curing their ailments. The purpose of this study is to reveal the influence that informal education, economic standing, and convenience have on self-medication. To accomplish this, I used the phenomenological method to conduct thirty-six interviews with subjects from different social backgrounds. This is a non-probability sampling technique that ensures that the research is portrayed from the perspective of the research participants. Under this technique, I chose the Accidental or Convenience sampling method to get my target populations, considering it as more appropriate for the research. Alongside the interviews, I reviewed several published journals on self-medication. Results from interviews suggest that self-medication is influenced by informal education and undoubtedly depends on the nation's economic struggles. The only form of education participants receive about a particular medication, besides consulting an herbalist or a pharmacist, is from media advertisement or friends and family. Because of informal education, economic standing, and convenience, people are more inclined to discuss health issues for free with a pharmacist or herbalist that live in close proximity to them than they would to a medical doctor. It can be concluded that, the only way to encourage regular medical checkups, and limit

self-medication, is by government interference through economic investment in the health sector and educating citizens on the dangers of self-medication.

Introduction

During my trip to Ghana I discovered that many Ghanaians do not receive annual checkups, do not set doctor's appointments for any ailments, and do not rush to the hospital for emergencies. Instead, many locals self-medicate by using a substance not prescribed by a healthcare professional to administer treatment for physical or psychological ailments. I understand self-medication to mean taking in drugs without receiving a prescription from a healthcare professional, a physician, or an indigenous healer. I participated in this practice myself when my eyes were inflamed and I self diagnosed myself with conjunctivitis. Instead of going to the hospital as my mother suggested, my uncle took me to a pharmacy located in the Accra Mall. Many of my family members argued that it wasn't a critical situation and the pharmacy would be just as effective as the hospital. After speaking to the pharmacist, I received two medications written in Arabic. Arabic is not largely spoken in Ghana so I could not just unmindfully ask someone to translate it for me, and I unfortunately forgot the pharmacist's advice as soon as I got home. Regardless of my ignorance of the effects and the correct dosage, I still took the pill twice a day, and rubbed the medical cream on my eyes until they were no longer swollen. I chose to self medicate despite of the adverse affects that might come with the medication because conjunctivitis was described by family members to be something that happened to many Ghanaian people. As for my results, I did not receive

any adverse affects after using the medication and I was spared the hassle of a hospital visit, but it was a risk I took so that I wouldn't suffer from itchy swollen eyes.

Medical practitioners around the world advocate that individuals rely on hospitals and licensed professionals to meet their health needs. However, there are two main barriers preventing Ghanaian people from following these recommendations: the inaccessibility of professional medical care and the accessibility of Western and indigenous medication (herbal medicine) through pharmacies and herbalists, respectively. These simultaneous conditions lead to self-medication of the Ghanaian population, which I find problematic because many of the citizens are not aware of the many risks involved with taking non-prescription and informally dosed medication, which can cause adverse effects.

There are many reasons why patients opt out of seeking Western medical care such as long waiting lines, unaffordability, and the distance of a healthcare facility. The long waiting lines are caused by the minimal staff in healthcare facilities; some citizens wait for multiple hours before being attended to, and many citizens do not have enough time to spare waiting for a doctor to attend to them. The affordability of western healthcare have prevented Ghanaian people from attending hospitals and rather opt to purchase drugs/herbs that are available and capable of curing their ailments. There are citizens who do not have a healthcare facility in close proximity to their home; the closest facility can sometimes be in a different town. Also, an abundant amount of citizens do not have transportation to the closest facility because of the limited amount of public transportation coming in and out of their town.

In addition the inaccessibility to reliable healthcare, there is an abundant availability of Western and indigenous medication and many reasons to choose this alternative. Citizens are capable of receiving medications that can temporarily or permanently relieve them of their ailments without meeting with a healthcare professional. Pharmacies sell prescription, non-prescription, and at some locations, packaged herbal medicines. Nonprescription or over the counter drugs and herbal medicine are available without a doctor's prescription through pharmacies, grocery stores, and even markets. With this accessibility, Ghanaian citizens do not have to wait in long lines, find transportation to different towns, and deal with the expenses of visiting a healthcare facility. As a result many people chose to self medicate.

There are also many other reasons for self-medication. Patients may deem medical visits and Western medication as replaceable with herbal medications. Traditional healing includes herbal remedies passed down from generations. This is largely due to the fact that people have been informed about certain herbs and their effectiveness in curing diseases. Also, patients who attend hospitals for a particular health problem may be tempted not to go back to the hospital for treatment as he/she may presume the prescription for his/her ailment is already known from the earlier prescription from the doctor. Most importantly, with the general population, the kind of information they receive about a particular drug/herb either from peers, family relations or as a result of frequent advertisement on radio and television often leads them to self-medicate. In Ghana, it is known that people self-medicate using herbal mixtures, painkillers, cough mixtures and others for a temporal and quick relief from various illnesses.

There are many situations and medical conditions that make Ghanaians inclined to self-medicate. In instances such as childbirth, many families prefer to stay home and call on a midwife to assist them in their labor. After childbirth, many women still do not visit the hospital because they feel healthy and do not see a plausible reason to. However, they continue use medications offered to them by their local pharmacist and/or herbalist. Another ailment that is sometimes cured at home is cholera; a bacterial disease that causes diarrhea, and dehydration, many families chose to treat this at home. Families that choose to stay home and manage however they can with medical emergencies do so because they do not have any other option.

Self-medication is of concern because of the problems it brings to the individual and the society at large. Getting to know the appropriate drug to take and the dosage is crucial to an individual's health. People who self-medicate may not know if the drug is the correct prescription for that particular ailment and may abuse the drug in the process. Consequently, this may cause extra ailments such as abnormalities and malfunctions of the body. While, receiving medication this way does come off innocent, taking medication without knowing the risks attached to it can lead to different health issues all together.

As a partial solution, it is important for Ghanaian citizens to become educated about the dangers of self-medication and for the government to improve Western health care and to regulate indigenous medicine. Ghanaian citizens can be educated about the dangers of self-medication through community outreach programs, where people educated on the adverse affects of self-medication can speak directly to people about the topic. By teaching citizens about the dangers, they will be more cautious when

purchasing medications, which will limit self-medication all together. It is also important that the government helps to improve Western healthcare with updated facilities, and additional staff. It is important that the facilities be updated because a refurbished facility will result in quicker consultations, simultaneously making wait times shorter. With shorter lines and hasty consultations, Ghanaian citizens will begin using the health facilities more often. Finally it is crucial to regulate indigenous medicine with better labels, and to provide means for more hygienic manufacturing to make it safer and reputable to the public. By providing the people with these resources, self-medication in Ghana can decrease.

In what follows, I discuss the context of Ghana's present health care system, present the objective of the study, and provide a literature review of research that addresses self-medication in West African communities. Subsequently, I explain the phenomenological method used to conduct this research, share the outcomes of the interviews, and summarize the results of my research. Based on responses given to me by the thirty-six interviewees, I will identify the circumstances that cause respondents to self medicate. Finally, I conclude, proposing ways to limit self-medication. This information is important because it provides a foundation for future public policy or healthcare reforms.

Ghana's current healthcare system

Prior to 2003 Ghana did not have reliable healthcare for its citizens. The hospitals operated on a "cash and carry" system. The "cash and carry" system meant that a patient

would not be treated without paying first. Regardless of how fatal the circumstance may be, for example, a woman in labor or a person having a stroke would not be attended to without money. Ghana's former president John Kufour attempted to eliminate the "cash and carry" system. In 2003, "cash and carry" was abolished and replaced with a system of universal healthcare called National Health Insurance Scheme (ACCA 6).

However, The Association Of Chartered Certified Accountants, ACCA research entitled, *Key Health Challenges in Ghana ACCA,* show that the NHIS is inefficient and does not benefit the majority. Although every Ghanaian pays for the NHIS, approximately 82% do not receive the benefits (5). Studies show that 64% of the financially stable are registered and only 29% of the poor are registered. Also, 36% of healthcare spending is lost because of unknown deficiencies and bad investments (24). This results in the "cash and carry" system reemerging in hospitals.

Another issue with Ghana's healthcare is staff shortages and inefficient healthcare supplies at medical facilities. "Ghana suffers from a chronic shortage of health workers as well as inequities in both the distribution and skills mix of workers, and this severely restricts access to services and hampers achievement of national health objectives. The country has just over 11 doctors, nurses and midwives per 10,000 population, less than half the number (23 per 10,000) deemed necessary by the WHO for achievement of the health" (18). This means that, rural areas suffer the most because many doctors do not wish to work in those areas for a number of reasons. Some of these reasons include inadequate infrastructure, malfunctioning equipment, demands on physicians to treat every medical condition, no adequate local housing, limited promotional opportunities, and more.

Objective of the Study

The objective of this study is to find out the influence that informal education and economic status has on an individual's decision to self-medicate. Specifically, my research is meant to discover why Ghanaian people self-medicate, and whether or not informal education such as advice from friends, family, and media advertisement influences their choice, and whether their economic status makes a difference. When I speak of self-medication, I mean human behavior in which an individual uses un-prescribed drugs to treat medically untreated and often undiagnosed medical ailments. Forms of self-medication can mean self-diagnoses of medical ailment and self-treatment of medical ailments through the use of un-prescribed Western or indigenous medicine. I chose to address aspects of informal education and economic status in my interviews because it is not uncommon for people to ask others for advice on which medication works and make decisions based on economic status. It is not out of the ordinary to see on television or listen to radio advertisements of new over-the-counter and herbal medications that claim to be the best. I incorporated the economic factor because many medical decisions depend on the means to pay for health care. Many of its citizens cannot afford professional healthcare assistance.

Literature Review

Self-medication is a major problem of health delivery for the Ghanaian community as a whole. The form of informal education, which consists of recommendations from unqualified persons such as, family, peers, neighborhood

pharmacists, and media advertisements impact people's attitude towards self-medication. Many people do not rely on a formal prescription from a physician's diagnosis of an ailment. This has compelled various researchers to devote ample time to investigate the relationship between education and self-medication. These researchers cover why their respondents prefer to self-medicate instead of going to a healthcare facility, and what medications, they use to do so. Many of the respondents were influenced to self-medicate through their peers, as well as the unaffordable nature of western medication. The relationship between self-medication and education is addressed through the interviews where some of the respondents recognize the safety hazards of self-medicating but still chose to do it because of their limited options. Some of the various researches conducted on the topic are explained below.

Adekunle, Oreagba, Oshikoya, and Amachree of the *BMC Complementary and Alternative Medicine* conducted research entitled as "Herbal Medicine use Among Urban Residents in Lagos, Nigeria". The study involved 388 participants recruited by random sampling. The participants were interviewed with open- and close-ended questionnaire. The results of the interviews obtained comprised the demography and types of herbal medicines used by the respondents. They specified what herbal medicines they used, their sources, the benefits and adverse effects of the herbal medicines they used. The results showed that the majority of the participants, 66.8% used herbal medications. They also explained the influence that parents, relatives, spouses, friends and colleagues had on their choices; about 78.4% of the respondents who used herbal medicine preparations explained that it was influenced by them. Herbal medicines were considered safe by the majority of the participants even though 20.8% of them experienced mild to moderate

adverse effects. This study sheds light on the large amount of people using herbal remedies despite knowing exactly what is in the medication. The problem identified by this study is that the respondents only voucher for the remedies were that they were natural. However, natural does not always equate to healthy. "The indiscriminate, irresponsible or non-regulated use of several herbal medicines may put the health of their users at risk of toxicity [20-23]. Also, there is limited scientific evidence from studies done to evaluate the safety and effectiveness of traditional medicine products and practices [1]. Adverse reactions have been reported to herbal medicines when used alone [24] or concurrently with conventional or orthodox medicines [25]" (Adekunle, Oreagba, Oshikoya, and Amachree 2). They suggest that in order to make those remedies safer, they should include adequate labeling of herbal medicine preparations and their packaged products with the constituent elements/ingredients. Also, general public enlightenment programs should be held to discuss the importance of reading herbal medicine product labels in order to avert herbal medicine toxicity.

A research conducted by Ganle, Kuumuori, Parker, Fitzpatrick, and Otupiri entitled "A Qualitative Study of Health System Barriers to Accessibility and Utilization of Maternal and Newborn Healthcare Services in Ghana after User-fee Abolition," aimed to understand why health system barriers to the accessibility and utilization of maternal and newborn healthcare services in Ghana heavily exist even after the abolition of the user-fee. The government of Ghana, in 2003, implemented a new maternal healthcare policy that provided free maternity care services in all public and mission healthcare facilities. Ghana's free maternal healthcare policy came about because financial barriers are one of the most important causes of low and inequitable access to, skilled maternity

care services. The policy aims to reduce financial barriers to promote safe childbirth. In Ghana, there has been steady improvement in the coverage of skilled birth attendance, from 40% in 1988 to 55% in 2010. However, 45% of births are still delivered at home without any form of skilled care or after birth care. This study was conducted through qualitative research with 185 expectant and lactating mothers and 20 healthcare providers in six communities in Ghana between November 2011 and May 2012. Results from the research show that limited and unequal distribution of skilled maternity care services, women's experiences of intimidation in healthcare facilities, unfriendly healthcare providers, cultural insensitivity, long waiting time before care is received, limited birthing choices, poor care quality, lack of privacy at healthcare facilities, and difficulties in arranging suitable transportation to healthcare facilities were important health system barriers for women to use the services provided in Ghana. One woman explained how difficult it is for her to get to a hospital or contact a doctor or nurse, "You see, in this community there is no doctor or nurse whom we can easily go to for help. Sometimes, we really want to go and check if all is well with our pregnancies or babies. Some women even want a doctor or nurse to deliver them, but look at where the hospital is…very far away. Even some times when we want to go, how to get car is a problem…because of the long distance, many women just stay at home (Lactating Mother, FGD, Abono)" (Ganle, Kuumuori, Parker, Fitzpatrick, and Otupiri 8) Another woman explained why she does not like going to the hospital, "Why I didn't go to hospital? The problem is even if I go, the people are many…everywhere is crowded and I have to wait for long hours or even a whole day. Sometimes too you'll go and they [referring to nurses] will tell you that the midwife is not there. If they decide to help you too, they will just rush and say go

home…no blood testing, no medicine, nothing! I don't know…but I think because the nurses no longer collect money from us, they are very reluctant to help us (Lactating Mother, FGD, Piase)" (8-9). The woman is speaking on the long wait time at the hospital, the minimal staff, and the other staff member's reluctance to help patients. Although she would like to be able to receive healthcare from a western healthcare facility, her tone expresses her frustration with their service.

Another research conducted by Asenso-Okyere (1994), aimed to investigate the impact on health care seeking behavior of the cost-sharing policies introduced in Ghana between 1985 and 1992. Using quantitative research technique to investigate the behavior of patients after introduction of these policies, as well as focus group discussions of cohorts of the population and in-depth interviews of health workers and selected opinion leaders, the researcher's findings indicated that the cost recovery policies led to an increase in self-medication and other behaviors aimed at cost-saving. There was at the same time a perception of an improvement in the drug supply situation and general health delivery in government facilities. The study concluded that user fee exemptions criteria needed to be worked out properly and implemented so that the financially unstable are not precluded from seeking health care at the hospital and clinics.

Eric S. Donkor (2012) conducted a study to estimate the prevalence of self-medication with antibiotics among tertiary level students in Accra (Ghana) and evaluate factors associated with the practice. This was a cross-sectional study and that involved face-to-face interviews of 600 respondents selected by convenient sampling. Prevalence of self- medication was 70% and the practice was significantly lower among medically inclined students. Among the respondents who practiced self- medication, the most

common frequency of antibiotic usage was at intervals of one month (30%, 95% CI: 25.6–34.4%), and the most common antibiotic used was amoxicillin 23.9%. Treatment failure was reported by 35% of the respondents. The main reasons cited for self-medication were that it was less expensive compared to medical care in the hospital and, secondly, medical care in hospitals was associated with long delays. Forty nine percent of the respondents had poor knowledge about the health implications of irrational use of antibiotics, and 46% did not comply with the completion of the full course of antibiotics. Self-medication among tertiary students in Accra is an important public health problem and reflects the situation among tertiary students in the whole of Ghana.

The studies on self-medication in Ghana and Nigeria are helpful because they offer research focused on diverse populations and point out the importance of economic issues connected to self-medication. More specifically, the researchers focus on college students, mothers, and the affordability of healthcare. This provides me with multiple instances where people self-medicate. It also revealed that people in some West African countries who chose to self-medicate do so for similar reasons, mainly pertaining to the cost of healthcare and the overall inaccessibility of Western healthcare in these countries. My work participates in the conversation on self-medication and adds to it by providing information on people from different social classes. It focuses on the diverse types of rationale that different classes use to self medicate. It also shows the issues different classes face when trying to receive medical care from a physician, particularly where these classes face similar setbacks and where their complications are different. However, most studies connect self-medication to indigenous healthcare and consider Western healthcare as the only reliable and viable option. This is problematic because indigenous

healers are trained professionals that require a consultation before providing remedies to their patients. When researchers depict traditional healing remedies as a form of self-medication, they undermine the work being done and contribution to society that indigenous healers offer.

Methodology

The approach used to conduct this study was the phenomenological method. A phenomenological approach comprises gathering information through discussions and interviews. It is a research study that attempts to understand people's perceptions, perspectives and understandings of a particular situation. A phenomenological research study tries to answer the question '*What is it like to experience such and such situation?*'. By studying multiple experiences of the same situation, a researcher can make judgments of what a situation is from the experience of their respondent's perspective. Discussions and interviews are important to phenomenology because they allow the respondents to share lived experiences. Phenomenologists believe that knowledge and truth can be drawn from people's life experiences.

When using a phenomenological methodology, one is concerned with approaching the subject matter through epoché and eidetic intuition. Through epoché one suspends all judgments associated with what is observed, because observation does not tell all there is to know in relation to science, material things, other humans, and events. Everything that is assumed to be "real" or assumed to be something has to be suspended. German philosopher Edmund Husserl explains epoché by saying that it "bars me from using any judgment… by placing in brackets previously held beliefs or assumptions derived from the natural standpoint, the observer allows pure phenomena to speak for

themselves" (Bongmba 26). Through eidetic intuition, the researcher is able to recognize the essential meanings of entities and classes of entities. This happens after epoché, when the observer's preconceived notions are eliminated. The researcher can then fully capture the meaning of what is manifesting in the environment. This method ensured that the research would be portrayed from the perspective of the research participants.

The interviews and discussions for this research took place in Ghana's Greater Accra region, in the urban areas of Dome Pillar 2, Medina Market, and East Legon. Additional research was carried out of the Ashanti region in the town of Agogo Akyem. The Greater Accra region is the most populated region with a great diversity of people. In this region I interviewed four upper class, nine middle class, and twelve lower class people. In the Ashanti region, Agogo Akyem is a rural town referred to as the village. In that town I discussed with eleven locals, in their local shrine Nana Afram. A variety of people from different social backgrounds were necessary, because one class cannot speak for the whole country about their experiences with healthcare.

The research method used in this study is the non-probability sampling method. With this method, samples of respondents are selected based on the subjective judgment of the researcher, rather than random selection. This method is useful because it allowed me to find out if self-medication is a big issue in Ghana in a quick and inexpensive way. With this technique, I used the accidental or convenience sampling to get my target populations. The convenience sampling method relies on data collection from population members who are conveniently or first available to participate in a study. I chose this technique above the other techniques because I could not get an accurate

sampling frame of the entire population; hence, it was the most appropriate way to conduct the research.

I chose traders in Medina market, locals from the Agogo Akyem town, and various business owners, because of their proximity to my own location in Greater Accra and Ashanti regions. The specific groups within the Greater Accra and Ashanti regions are comparatively similar on the basis of social class membership, the variety of social groups in both locations, and economic incomes within those social groups. Thus, they can represent the extended population.

The method of data collection used in this research is interview guide, where I asked open-ended questions in order to hold discussions with participants. Informal and conversational interviews were used in order to get the stories behind respondent's experiences. Due to the exploratory nature of the research, face-to-face interviews were used to get in-depth information from the respondents. An interview guide is also preferable for this research because of the open-ended nature of the questions. This in turn assists in getting enough information through probing.

I began interviews by asking participants questions that would assist me in identifying their socio-demographic and socio-economic background. I asked for their age, ethnic background, sex/gender, occupation, level of education, religious background and their marital status. The main questions were a variation of questions based on the participant's occupation.

For my respondents, I asked a variation of these questions depending the direction the interviews were going: What measures do you take when you are sick? Do you self-medicate? How do you get the information about a particular drug? Do you self-medicate

as a result of the advertisement of a particular drug, such as advertisement through television, radio or the print media? Why do you self-medicate? How do the recommendations from friends and family impact you? Did their recommendations lead to good or bad results after taking the medication? Do you think that indigenous healing is an effective alternative to institutionalized medicine? Why and Why not? These questions are important to understanding the forces that push the people into self-medication. The answers I received showed the differences between socio-economic groups and socio-geographic groups in southern Ghana. The socio- economic groups are the different class groups in Ghana that have different perspectives based on their experiences with access to healthcare in the country. The socio-geographic groups represent the different geographic areas where Ghanaians live that affect their accessibility to healthcare professionals and facilities. This affects my research because it provides another layer to the topic; economic class is not enough to understand the healthcare issues in Ghana because it is not inclusive problems that occur when discussing location and proximity to healthcare facilities.

Interview Results

Overall, I conducted thirty-six interviews. The interactions yielded opinions that were distinct to each social class. My interview results revealed to me that it was not just socio-economic status that influenced one's preference of medication and access to healthcare, but a person's socio-geographic status also had influence on their choice to self-medicate. The results reflect the relation between an individual's socio-economic

status, socio-geographic status, education, and spiritual belief, to their medication preference and access to healthcare.

Under the data collection process, twelve traders from Madina market were interviewed; nine kiosk owners were interviewed around the area; four corporate workers located in Accra, and eleven people that were located in the rural town of Agogo Akyem. I classified my interviewees' class and socio-economic status by way of their living standard. The traders represent the lower class because the majority of them live in the slums of Accra. The kiosk owners I interviewed represent the middle class because many of their kiosks were attached to their gated house, and if it wasn't attached, I noticed that they owned a car and a gated home. The individuals that work for corporations represent the upper class because of the lavish lifestyle indicated by the mansions, brand new luxury cars, and multiple businesses they owned. Lastly, the respondents in Agogo Akyem represent all the people that live in rural areas. I classified them based on their geographic location; a rural demographic that as such is severely deprived direct healthcare from a licensed professional and a pharmacy. The closest hospital and pharmacy is not even located in the town, and the majority of people traveled by foot, bike, or on rare occasions, bus. The closest form of healthcare to the people in the town is a herbalist, an indigenous healthcare professional. Ghanaian people consult the herbalists for their healthcare needs and in return, the herbalists provide traditional forms of medication to their patients. Some of the questions asked were to mainly find out why respondents that lived in rural areas self-medicate, the measures they took when ill, whether they were being influenced by a friend, family member, and media

advertisement to self-medicate, and finally, to find out their general perception of self-medication.

Lower and Middle Class

I grouped lower and middle class together because the interviews of the trader's and kiosk owners were conducted in the same vicinity. The respondents are all located in Accra, which offers them the same proximity to healthcare facilities within their neighborhoods. Out of the twenty-one traders and kiosk owners interviewed, sixteen would go to seek first aid at the pharmacy when they encounter any symptoms of a particular illness. Out of the sixteen individuals, ten proclaimed that they would explain their illness to the pharmacist before the pharmacist prescribed drugs for them. Seven traders agreed that family and friends self-medicating influenced them to self-medicate, and five traders claimed influence by the radio advertisement of a particular drug. All nine-kiosk owners expressed that they were also influenced by family and media advertisement as well.

The traders and kiosk owners gave different reasons why they self-medicated, including affordability, long queues at hospitals, proximity of pharmacies, lack of time to go the hospital because of work and their friendship/trust with a pharmacist. From these explanations, twelve out of twelve traders and nine out of nine owners confirmed that they self-medicated because of proximity of the pharmacy. Four out of twelve traders and three out of nine kiosk owners explained that they could not leave their work and attend the hospital so they went to the pharmacy. Seven out of twelve traders and four out of nine owners said they are discouraged by the long queues at the hospitals, and finally

twelve out of twelve traders and three out of nine owners blamed economic reasons, and the expensive nature of the hospitals. Some also explained that the intensity of the illness determined their decision to self-medicate or attend the hospital. Which they indicated to be dangerous because a minor ailment such as a headache could turn out to be something more serious than it was thought to be.

Finally, these traders and owners gave their general perception on self-medication as to whether it is a good practice or not. Out of the twelve traders and six kiosk owners interviewed, only three could say that self-medication is a good practice in relation to receiving medication from a pharmacy. They expressed their desire to go to the hospital by giving various examples of preventable deaths. The interviewees complained about the "cash and carry" situation. According to them, it is insulting and a waste of time to attend the hospital and be refused for their inability to pay. Also, the traders and owners expressed their admiration for traditional herbal medications. They described it as being the source of their ancestor's health, and extremely inexpensive compared to institutionalized medication. Eleven traders and all six-kiosk owners described the medication as being highly affective. When asked how herbal remedies compare to institutional medications, they did not necessarily have a preference. They only preferred whichever worked best. The only fault they found in herbal remedies is in relation to the taste and physical consistency.

Upper Class

Out of the four corporate workers I interviewed, all four explained that they would prefer to go to the pharmacy instead of the hospital. They explained that the

pharmacy handles business swiftly, whereas, the doctor only handles emergencies with urgency. They concluded by explaining that the hospital is not necessary unless there is an emergency, such as bloodshed, heart issues, stroke, childbirth, etc. As for what they self diagnosed as a common cold, or malaria, they explained to be less likely to visit the doctor for those illnesses because they could be treated at home with medication they can pick up from the pharmacy.

The majority explained that they were influenced to self medicate due to their schedules and knowledge of whichever ailment they acquire. The upper class interviewees explained that their tight schedules prohibited them from meeting with the doctor. Furthermore, they suggest that the pharmacist is knowledgeable enough to trust without a doctor's visit.

All of the individuals denied any interest in herbal remedies. One person described the remedies as dirty with poor presentation. The respondent claimed that herbalists do not create their products carefully and spend little time to no time at all on sanitation. The other three explained that the reason behind rejecting herbal remedies was because of the lack of scientific evidence of its potency. They believe that they cannot trust the herbal medication because it does not offer written directions, ingredients and professional packaging. They all expressed their fear of receiving things from traditional healers regardless of how it may assist them. They believe in the rumor of them being the cause of bad luck. For example, they believe traditional healers and spiritualists can alleviate any issue, whether it is health, financial, family, etc., but there is always an impossible rule that has to be obeyed or it can backfire. For example, if a person were to receive a treatment from the healer/spiritualist, he or she would be asked not to eat yams,

bathe, eat food cooked by a woman, or other almost unavoidable tasks. If the patient incapable of abiding by the rules, something terrible could happen, ranging from death of the patient, a loved one, or even mental instability.

Rural Class

The eleven people from this category all declared that they self medicate. Self-medication entailed the use of herbal remedies. As the lower and middle class explained, herbal remedies have been a part of their traditional culture for centuries. They explained that to be more than enough information to make the practice valid, alongside its inexpensive nature and exceptional performance. However, the herbalists and citizens of the area are not biased against hospital aid. Through a discussion, they concluded that the institutionalized medication is necessary for certain ailments such as heart attack, stroke, and any sickness that is deemed uncontrollable, but herbal medication should be the first option. Herbal medication is often the only option for them because of the location of government owned clinics and hospitals. The respondents mentioned that they do not have transportation to hospitals that are located in different rural towns, so they rather use the help of indigenous health professionals.

Results

Based on the data collected and analyzed above, the respondent's choices to self medicate appear to originate from three major factors: external influences, economic access, and convenience. Some respondents described being influenced by family, friends, advertisement, and traditional practices. They have heard about alternative

medications from the media, other people, or it was passed down as cultural heritage. Others discussed economic issues, from not enough government subventions to healthcare being too expensive. Also, many respondents mentioned convenience to play a role because the proximity and the efficiency of an alternative healer. A pharmacist or herbalists are sometimes closer than a Western medical physician. Furthermore, people self-medicate or purchase drugs from the pharmacy store regardless of education, sex, marital status or religious affiliation. The respondents gave answers that did not relate to any of those background questions, their reasons were based on proximity of medical centers, economic status, and access to medication and healthcare facilities.

I determined the motivations behind self-medication and whether one's decision to self-medicate is as a result of influences from unqualified persons such as friends, family members, traditional practices, or through regular media advertisement of a particular drug. Friends and family members are usually the first to be notified about symptoms of an ailment. They offer suggestions of products that will help correct the issue, which leads to self-medicating. Television and radio advertisement's influence is quite prominent as well because the advertisements explain thoroughly what ailments the product can heal. Because the majority of medication advertisements are spoken in an indigenous language, many citizens are able to understand exactly what ailment the medication can be used for. Lastly, respondents noted that some of their influences stem from traditional practices and the use of remedies passed on from generation to generation that can be made at home without consulting a traditional indigenous healer.

The economic instability within the country is another reason why some respondents self-medicate. The expensive nature of hospitals compels average income earners like

traders in the market to self-medicate because drugs purchased from the pharmacy and herbal remedies are cheaper and easier to get compared to going to the hospital. Not only is attending the hospital expensive, but also the healthcare facilities are not well equipped with staff and supplies, due to the country's economic standing. Equally, doctors and nurses are described as unreliable because of various no-shows. This promotes self-medicating because the shortness of staff creates an imbalance between the amount of patients and the amount of working staff. This in return creates long waiting times that patients do not have.

Proximity of the pharmacy or indigenous healer to a person also influences his or her decision to self-medicate. Individuals are prone to self-medicate because of their acquaintance with a particular pharmacist who may prescribe drugs for them regularly when they are ill. When a person falls sick while at work, the only option may be to get temporary relief from a pharmacy nearby. This serves as a source of first aid to the individual. Proximity is also associated with time. As a result of an individual's work schedule, her or she might not be able to attend the hospital and may seek first aid from a pharmacy nearby. A nearby pharmacy or indigenous healer eliminates the hassle of being waitlisted in order to see a physician.

Among different types of self-medication, there is a particular affinity, especially among lower, middle, and rural groups, for indigenous medicine. People use herbal remedies because of their inexpensive nature and their potency. Herbal remedies were described to be the healthiest form of medication because of the organic and recognizable ingredients used to make the medication. The respondents that vouch for this form of medication believe that although they might not be able to solve all health issues, they are

a more efficient way to begin. The patient receives quicker access to this form of healthcare, the patient also saves more money, because of its inexpensive nature, and the patient saves a lot of time because of the close proximity of the indigenous healer. It is noted that the severity of an ailment also influences people to self-medicate or attend the hospital. People go to the hospital only when sickness becomes severe and uncontrollable or if symptoms of an ailment persist after receiving medication from a pharmacy or herbalist.

Conclusion

The present study revealed the lack of education of the respondents on the dangers of taking any form of medication; both Western and Indigenous, without knowing its risks and the adverse affects it might have on an individual. I am interested in attempting to limit self-medication by limiting the amount of medications Ghanaians purchase without a physician or herbalist's prescription. The solutions I have come up with pertain to Ghana's entire population; however, some of the solutions are specifically catered to certain groups.

My research adds to the topic of self-medication by building on multiple studies that address this issue in West Africa. In particular, my research builds on to the "Herbal Medicine use Among Urban Residents in Lagos, Nigeria" research where it discusses the use of using un-prescribed indigenous remedies amongst college students. This research depicts herbal medications as a form of self-medicating. It advocates college students to limit their use of herbal medications irrespective of the fact that local herbalists also prescribe them medications. My research improves on this study because I recognize that

herbalists are similar, in many ways, to trained physicians that prescribe medications. I do not refer to herbal remedies as a form of self-medication because it undermines the positive impact that herbalists have on healthcare in Ghana.

In addition to the study on the use of herbal medicine by students in Nigeria, my research also builds on the article entitled "A Qualitative Study of Health System Barriers to Accessibility and Utilization of Maternal and Newborn Healthcare Services in Ghana after User-fee Abolition," which discusses the limited and unequal distribution of skilled maternity care services in Ghana. This research focuses on women in rural areas that do not have convenient access to Western healthcare facilities because they are either too far or not properly staffed. My research relates to this study because they both recognize the limited Western healthcare that people that live in rural areas in Ghana frequently deal with. I found that the people in rural areas are more inclined to go to indigenous medical professionals because of the amount of access they have to them, in comparison to the limited amount of access they have to western educated medical professionals. Based on both studies, inefficiencies, and low access to formal medication in rural areas make indigenous healthcare services a first choice for the people that inhabit those spaces.

The interviews that I gathered brought much clarity to the problem of self-medication, but my research, could be improved through the approach I took with my questions. My questions did not give me enough information about self-medication and caused a lot of confusion while writing this paper. The direction I would like to take in the future is to provide more examples from the respondents of their personal experiences receiving medical care in Ghana. I would focus the questions I asked my respondents on personal experiences they had while receiving all forms of healthcare in Ghana such as

Western forms of healthcare and indigenous healthcare. This would allow myself and readers to have vivid understanding of the struggles that Ghanaian people have to go through to get efficient healthcare. This approach would offer ample data on the problem and eventually help resolve the issue of self-medication, because the respondents' experiences will be the foundation of the healthcare reforms necessary to limit its use. Also, I would like to include interviews with people who work within healthcare facilities, such as doctors, nurses, pharmacists, indigenous healers, and indigenous midwives. I would ask them questions about their approach to providing healthcare and what they feel the government can do to make their jobs easier. Asking healthcare professionals about their position on this topic will give insight to their limitations when it comes to providing healthcare to their patients and how these limitations may be overcome.

To conclude, the reason so many Ghanaians practice self-medication is manifold, often dependent on the economic class and geographic location of the subjects. Their choice in self-medication stems simultaneously from the inaccessibility of formal medical treatment, and the accessibility of informal alternates, such as Western medications from pharmacies, as well as herbal remedies. This is a problem because an abundant amount of Ghanaians are not aware of the many risks involved with taking non-prescription and informally dosed medication, which can cause adverse effects. Many Ghanaians, especially the populations living in rural areas do not have access to close formal healthcare because they do not have transportation to get to the healthcare facilities. They also have to deal with some formal healthcare professionals that illegally require the "cash and carry" method before they assist them, so they prefer to receive healthcare

from indigenous health professionals or to treat themselves. Whichever medication is available and reputable at the time of their ailment is what respondents chose to use. Both the rural group and lower classes, which add up to 70 percent of the citizens, live on less than two American dollars a day, so healthcare is nowhere near affordable for that segment of the population. The major problem for the middle class is the amount of time they will miss from work. The upper class, is also mostly concerned with the long lines that result in a loss of work time. Additionally, all classes and groups of respondents are affected by the inaccessibility of hospitals, which are not always well-equipped and usually understaffed because of low government assistance. This prevents people from going to the hospital because they cannot spare multiple hours out of the day to receive healthcare since they have to attend to their jobs and families

Based on the data that I gained from my research, I foresee several solutions to the problem of self-medication. The government should be more involved in providing health care. The government should also monitor facilities that continue to practice illegal "cash and carry." In addition to government involvement, citizens should organize community outreach programs to make people aware of the dangers and the precautions to take when self-medicating.

Government involvement is the only way Ghanaian citizens will have safe accessible healthcare. First, the government should sponsor free physicals to the citizens so that they can be aware of their health status as well whatever substances they are allergic to. If Ghanaian citizens know this information, they can avoid any medications that might flare up particular symptoms and cause further damage to their health. The government can become involved by requiring already packaged herbal remedies to

include a listing of the products used in the medication and the process in which it took to make it. The government should require that all medications in Ghanaian pharmacies list their ingredients in the national language so that translating what is listed on the packaging can be easier.

The government can also monitor public health institutions to make sure that the "cash and carry" system is no longer being forced upon the people, and that healthcare employees are providing patients with optimal healthcare in all situations. The government should also monitor healthcare spending to make sure it are being used for its exact purpose and punish or fire those that embezzle the funds. Although the government has very little means economically, if it monitors the amount that it already has, small and steady developments will be made overtime to improve the healthcare system.

The governments should pay more attention to herbal medication and indigenous medical professionals because the rural area, which makes up 46% Ghana's population rely heavily on their work and medication. Therefore, it is necessary for the government to invest research and money into that sector because indigenous health professionals are a vital asset to healthcare in Ghana. Providing them with more resources in order to make their healing practices more efficient, safe, and sanitary would be beneficial to the 46% of Ghanaian people that live in the rural areas and other Ghanaians who find indigenous medication more accessible and affordable.

In addition to governmental involvement, Ghanaian citizens that are educated on the subject can organize community outreach programs where they can discuss the dangers of using remedies with unknown ingredients, the dangers of combining multiple

remedies including Western medications, and the overall health precautions that the community should take when purchasing medications, so that the adverse effects are avoided. Although there is more information to be researched on this topic, the information provided above can act as a base for policy and healthcare reform in Ghana.

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